

# PSJ3

## Exhibit 178

Message

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**From:** Haddox, Dr. J. David [/O=PURDUE/OU=EXTERNAL (FYDIBOHF25SPDLT)/CN=RECIPIENTS/CN=94C5411B9B1C426C828A1F73710745B6]  
**Sent:** 9/9/2015 5:04:32 PM  
**To:** Xu, David [/O=PURDUE/OU=EXtErnal (FYDIBOHF25SPDLT)/cn=Recipients/cn=a8b0dc5e791d410fbd4ffa720cac97f5]  
**Subject:** Re: Intelligence on CDC Webinar coming September 16 on Guidelines

A bit awkward now, as I'm sitting in the front of a session. Can I call you at 2:30, when it concludes?

Dave

Sent from my iPhone

On Sep 9, 2015, at 13:59, Xu, David <[David.Xu@pharma.com](mailto:David.Xu@pharma.com)> wrote:  
Can u pls give me a call on my cell?

David Xu  
Office: 203 588 7598  
Cell: [REDACTED]

On Sep 9, 2015, at 12:44 PM, Haddox, Dr. J. David <[Dr.J.David.Haddox@pharma.com](mailto:Dr.J.David.Haddox@pharma.com)> wrote:  
Sure. I'm at the Depomed lunch program on Nucynta.

Dave

Sent from my iPhone

On Sep 9, 2015, at 12:15, Xu, David <[David.Xu@pharma.com](mailto:David.Xu@pharma.com)> wrote:  
Dave  
Can we have a quick catch up after lunch.

David Xu  
Office: 203 588 7598  
Cell: [REDACTED]

On Sep 9, 2015, at 12:02 PM, Damas, Raul <[Raul.Damas@pharma.com](mailto:Raul.Damas@pharma.com)> wrote:  
I agree, Saeed. David Haddox has been leading Purdue's participation in these discussions, including at CEAC, so he has a running start.

**From:** Motahari, Saeed  
**Sent:** Wednesday, September 09, 2015 2:57 PM  
**To:** Haddox, Dr. J. David  
**Cc:** Rosen, Burt; Kadatskaya, Stella; Jeter, Ayisha; Xu, David; Coplan, Paul; Cawkwell, Gail; Damas, Raul; Abrams, Robin; Steiner, LaDonna; Strassburger, Philip; Must, Alan; Bennett, Pamela (Gov't Affairs)  
**Subject:** Re: Intelligence on CDC Webinar coming September 16 on Guidelines

Thank you sir. I meant David Xu but you are even more appropriate person. Thanks

Sent from my iPhone

On Sep 9, 2015, at 11:55 AM, Haddox, Dr. J. David <[Dr.J.David.Haddox@pharma.com](mailto:Dr.J.David.Haddox@pharma.com)> wrote:  
On it already, Saeed.

Dave

Sent from my iPhone

On Sep 9, 2015, at 11:54, Motahari, Saeed <[Saeed.Motahari@pharma.com](mailto:Saeed.Motahari@pharma.com)> wrote:  
Thanks Burt.

This is not good news. I suggest we get a call together and mobilize our team to develop a balanced response. We have to ensure key external KiLs are aware what is going here.

David, could you pls talk the lead

Sent from my iPhone

On Sep 9, 2015, at 11:42 AM, Rosen, Burt <[Burt.Rosen@pharma.com](mailto:Burt.Rosen@pharma.com)> wrote:

At today's Pain Care Forum our guest speaker was from NIH. He indicated that he participated as an observer/advisor at the CDC meeting in Atlanta as CDC prepared for the upcoming webinar on guidelines. One of the PCF participants sent these bullets to a smaller group summarizing what they heard. I believe it to be accurate. It was clear that CDC does not want to hear from pharma companies or anyone who has been or is affiliated directly or indirectly with pharma companies.

There is a broad work group that is planning a letter to Burwell criticizing the CDC process and expected outcomes. Their plans include media efforts and recruiting patients and provider experts to address whatever CDC unveils on the 16<sup>th</sup>. I am glad to discuss at CEAC or elsewhere.

Here are the bullets sent out following the meeting:

- <!--[if !supportLists]--><!--[endif]-->The people who worked on the guidelines may or may not be disclosed. But they had to be clear of any pharma funding. He did reference the NIH Pathways to Prevention program team so they may in fact be part of the guideline development team.
- <!--[if !supportLists]--><!--[endif]-->CDC solicited input and support from other government agencies. NIH weighed in but CDC made it clear that these are CDC guidelines.(I think FDA's reaction of disdain when this was brought up was shared by Dr Thomas who repeatedly disclaimed any active role.) In the end, this is a CDC effort alone.
- <!--[if !supportLists]--><!--[endif]-->The guidelines do not address improving pain care treatment outcomes, just curtailing opioid prescribing. They do address dosing and duration of therapy. It does focus on initiating opioid treatments.
- <!--[if !supportLists]--><!--[endif]-->The absence of evidence is understood and acknowledged and it sounds as if CDC may actually use that as an argument for exercising tighter controls.
- <!--[if !supportLists]--><!--[endif]-->Dr Thomas said the guidelines are meant to be restrictive and CDC is anticipating backlash but they are a done deal. The commentary period isn't needed because there is no intention to change them. They'll be the nation's legal standard for opioid prescribing and there was some mention of Jan 2016 implementation.
- <!--[if !supportLists]--><!--[endif]-->He said people will not be happy. There are some good aspects but also some bad things in the guidelines. This was mentioned repeatedly as was the fact that this is a CDC unilateral action.

- <!--[if !supportLists]--><!--[endif]-->Like FDA, he suggested that there be more forceful/ orchestrated communications coming from the pain community, worthy of millions of patients in pain who candidly do not to matter to CDC. It was repeated several times that CDC doesn't care about pain, doesn't intend to address pain.